FOR COUNTY USE ONLY



County of San Bernardino

FAS

STANDARD CONTRACT

New Vendor Code		е	00	Dept.		Contract Number				
X Change Cancel				SC	SHR F	4	98-177 A3			
County D	epartment				Dept.	Orgn.		Contractor's License No.		
SHE	RIFF				SHR	SHR				
County D	epartment	Contract F	Represen	tative	Tele	ephone		Total Contr	act Amount	
ROD	HOOPS	, CAPTA	AIN		387	-0640				
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	Project I	Name			L Es	timated Pa	ayment i	Total by Fiscal	<u>l</u> Year	
Den	tist (Full-	Time)		FY		mount	I/D	FY	Amount	I/D
Contra	act Type 2b						_			
nto in the	e State o	f Califori	nia by a	and betwe	een the	County	of Sa	ın Bernardin	o, hereinafte	r

THIS CONTRACT is entered in called the County, and

Name				
	Heike Olafsen, DDS		hereinafter called	CONTRACTOR
Address		<u> </u>		
	(Address on File)			
		_		
			-	
Telephone	e Fede	eral ID No. or Social Security No.		

IT IS HEREBY AGREED AS FOLLOWS:

(Use space below and additional bond sheets. Set forth service to be rendered, amount to be paid, manner of payment, time for performance or completion, determination of satisfactory performance and cause for termination, other terms and conditions, and attach plans, specifications, and addenda, if any.)

THIRD AMENDMENT

In the contract between Heike Olafsen, DDS and the San Bernardino County Sheriff's Department, Contract No. 98-177, the following change is hereby made and agreed to, effective July 1, 2003:

- T. Section 6., Paragraph a) is hereby amended to read as follows:
 - 6. TERMINATION CONDITIONS.
 - This contract shall be terminate on June 30, 2006. Notwithstanding the foregoing, a) this contract may be terminated earlier at any time, with or without cause, by CONTRACTOR or by COUNTY, upon written notice given to the other party at least fourteen (14) days prior to the date specified for termination. In the event of termination, each party shall fully pay and discharge all obligations in favor of the accruing prior to the date of termination and each party shall be released for all obligations of performance which would otherwise accrue subsequent to the date of termination. Neither party shall incur any liability to the other by reason of termination.

Except as amended, all other terms and conditions of this contract remain as stated therein.

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COUNTY OF SAN BERNARDINO		Heike Olafsen, DDS			
		(Print or type name of corporation, company, contractor, etc.)			
>		Ву_▶			
Dennis Hansberger, Chairman, Board	of Supervisors	(Authorized signature - sign in blue ink)			
Dated:		Name _	Heike Olafsen		
			(Print or type name of person signing contract)		
SIGNED AND CERTIFIED THAT A COP DOCUMENT HAS BEEN DELIVERED T		Title	Dentist		
CHAIRMAN OF THE BOARD			(Print or Type)		
Clerk of the Board of of the County of San		Dated:_			
Ву		Address (Address on file)			
Deputy					
			_		
Approved as to Legal Form	Reviewed by Contract Compliance		Presented to BOS for Signature		
•	 		>		
County Counsel, by W. Andrew Hartzell, Deputy			Department Head		
Date	Date		Date		

Auditor/Controller-Recorder Use Only

☐ Contract Database ☐ FAS
Input Date Keyed By